## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

8707/

| 57077   |  |   |                              |                               |                      |                               |             |                        |                            |                     |                        |
|---|--|---|------------------------------|-------------------------------|----------------------|-------------------------------|-------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |                              |                               |                      |                               | SMALL EN    |                        |                            | OTHER<br>SMALL E    |                        |
| u.s   | . NATIONAL S                                   | STAGE FEES                                | (Column 1)                   |                               | <u> </u>             | Column 2)                     | RATÉ        | FEE                    | 1                          | RATE                | <del></del>            |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150          |                               | LARG                 | SE ENT. = \$ 300              | BASIC FEE   |                        |                            |                     | FEE                    |
|   |  |   | Satisfies PCT Article 33(1)- |                               |                      | her situations =              |             | <u> </u>               | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | (4) = \$50 A                 | /\$ 100                       | \$                   | 100 / \$ 200                  | EXAM. FEE   |                        |                            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   | ALL other cou<br>\$ 200 / \$ | ntries =                      |                      | her situations = 250 / \$ 500 | SEARCH FEE  |                        |                            | SEARCH FEE          | 40                     |
| FEE FOR EXTRA SPEC. PGS.  |  |   | (3) minus 100 =              |                               |                      | / 50 =                        | X \$ 125 =  |                        |                            | X \$ 250 =          |                        |
| тот   | AL CHARGEA                                     | BLE CLAIMS                                | 12 mir                       | nus 20 =                      | *                    |                               | X \$ 25 =   |                        | OR                         | X \$ 50 =           |                        |
| INDI  | EPENDENT CL                                    | AIMS ·                                    | minus 3 = .                  |                               |                      | 0                             | X \$ 100 =  |                        | OR                         | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                        |                               |                      |                               | + \$ 180 =  |                        | OR                         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                              |                               |                      |                               | TOTAL       |                        | OR                         | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                              |                               |                      |                               | SMALL       | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA              | RATE        | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                        | **                            |                      | = .                           | X \$ 25 =   |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | •   | Minus                        | ***                           |                      | -                             | X \$ 100 =  |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |                      |                               | + \$ 180 =  |                        | OR                         | + \$ 360 =          |                        |
|   |  |   |                              |                               |                      |                               | TOTAL ADDIT |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                |                              | (Colu                         | mn 2)                | (Column 3)                    |             |                        | -                          |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                              | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA              | RATE        | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                        | **                            |                      | =                             | X \$ 25 =   |                        | OR                         | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                        | ***                           |                      | =                             | X \$ 100 =  |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                              |                               |                      |                               | + \$ 180 =  |                        | OR                         | + \$ 360 =          |                        |
|   | <del> </del>                                   |   | TOTAL ADDIT.                 |                               | OR                   | TOTAL ADDIT.<br>FEE           |             |                        |                            |                     |                        |
|   |  |   |                              |                               |                      |                               |             |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                              |                               |                      |                               |             |                        |                            |                     |                        |